

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9		X				
10		X				
11		X				
12						
13		X				
14		X				
15		X				
16		X				
17		X				
18		X				
19		X				
20		X				
21		X				
22		X				
23		X				
24		X				
25		X				
26		X				
27						
28		X				
29		X				
30		X				
31		X				
32		X				
33		X				
34		X				
35		X				
36		X				
37		X				
38						
39		X				
40		X				
41		X				
42		X				
43		X				
44		X				
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		14		14	
TOTAL DEP.	14		14		14	
TOTAL CLAIMS	48		48		48	

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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58						
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60						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

36  
5  
44